



## Instructions for Completing the Detroit Water and Sewerage Department Claim Form

Note: The Claim Form can also be completed online at [www.detroitmi.gov/dwsd](http://www.detroitmi.gov/dwsd)

The enclosed DWSD Claim Form is simple to complete. Please follow **All** steps as indicated on the form to ensure there is no delay in processing your claim. Follow instructions on the form as listed:

1. Enter the address of the affected property and cross streets.
2. Explain in detail the event which led to filing a claim.
3. Provide details of the damage sustained and the dollar amount if applicable.
4. Provide total claim amount.
5. Answer the questions listed regarding flooding of the home property.
6. List the names of each individual living in the dwelling.
7. Answer whether you own or are buying the home property.
8. Answer whether you are renting the home property.
9. List any witnesses to the incident if applicable.
10. Provide information regarding your insurance company.
11. Include any photographs of the damaged area.
12. Sign and date the form.
13. Mail all information to: **Detroit Water and Sewerage Department  
Claims Section  
6425 Huber  
Detroit, Michigan 48211-1677**



# Detroit Water & Sewerage Department

Maintenance & Repair Division

CLAIMS SECTION, 6425 Huber Ave, Detroit, MI 48211

Phone: (313) 267-3676

Fax: (313) 267-6284

## CLAIM FORM

PLEASE PRINT OR TYPE

Sir/Madam:

FOR OFFICE  
USE ONLY

DWSD Claim Number: \_\_\_\_\_ Date: \_\_/\_\_/20\_\_

Claim is hereby made against the Detroit Water & Sewerage Department (DWSD) due to the following happening or discovered on: \_\_/\_\_/20\_\_ at\_\_:\_\_☐ AM ☐ PM

1. Address of affected property including cross streets.

2. Explain in detail what happened.  
Use additional sheets if necessary.

An individual who has sustained property damage or has been injured as a result of a sewage disposal system event must provide written notice of the event within 45 days after the date the damage or injury was, or in the exercise of reasonable diligence should have been discovered. Failure to provide proper notice may bar your claim.

3. Description of Claim.  
List in detail the damages, and provide a dollar value next to each item.  
Use additional sheets if necessary.

4. Total amount of claim: \$

Note: Please provide legible copies of receipts for items damaged, copies of at least two estimates for repair or replacement of items damaged, clear pictures of property damage, and copies of any receipts for expenses related to the incident such as cleanup costs, plumber's services, etc.

5. Answer the following if this claim involves flooding of your home or business.

Do you have a basement? ☐ Yes ☐ No

If you had water in the basement, what was average depth? \_\_\_\_\_ feet \_\_\_\_\_ inches

If you had flooding from a sewer backup, did it rain that day? ☐ Yes ☐ No

If you had flooding caused by a water main break in the area, where was the break located?

If you had flooding for reason other than a sewer backup or a water main break, explain:

Did you contact DWSD about the incident? ☐ Yes ☐ No

If "Yes," give date, time, and phone number you called: \_\_\_\_\_

Did someone from DWSD respond to the call(s)? ☐ Yes ☐ No

If "Yes," what did they do? \_\_\_\_\_

PLEASE TURN OVER &  
COMPLETE BOTH SIDES OF FORM

6. **List the full names of all individuals living in this dwelling.**  
Use additional sheets if necessary.

	(First name)	(Initial)	(Last name)	(Relationship)	(Age)
1.					
2.					
3.					
4.					
5.					

7. **Own/buying the home?** ☐ Yes ☐ No If "Yes," Year of purchase \_\_\_\_\_ and Purchase price \$ \_\_\_\_\_

8. **Do you rent the home?** ☐ Yes ☐ No If "Yes," for how long? \_\_\_\_\_ Years, \_\_\_\_\_ Months and \_\_\_\_\_ Days

Landlord's Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

9. **List all known witnesses of incident.**  
Use additional sheets if necessary.

	(Name)	(Address)	(Daytime Phone No.)
1.			
2.			
3.			
4.			

10. **Name of your Insurance Company and Details:**

Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of agent: \_\_\_\_\_

Phone number: \_\_\_\_\_

Type of coverage: \_\_\_\_\_

Amount of deductible: \$ \_\_\_\_\_

Have you filed a claim with your insurance company for damages? ☐ Yes ☐ No

If "No," give reason: \_\_\_\_\_

If "Yes," has the insurance company paid any portion of the damage? ☐ Yes ☐ No

If "Yes," indicate the amount the insurance company paid: \$ \_\_\_\_\_

What is the insurance claim number? \_\_\_\_\_

If "No," what reason did they give for turning down your claim? \_\_\_\_\_

11. **Did you take photos of the damage?** ☐ Yes ☐ No, If "Yes," please forward them

12. **Submitted by:**  
I hereby certify that the information provided on this form is true and accurate to the best of my knowledge.

	(First name)	(Initial)	(Last name)	(Age)
(Spouse's first name)				

**Claimant's Signature** \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Date

(Street address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip code) \_\_\_\_\_

(Home phone number) \_\_\_\_\_ (Daytime phone number) \_\_\_\_\_

Please mail completed form to:

**Detroit Water and Sewerage Department**  
**Claims Section**  
**6425 Huber, Detroit, MI 48211-1677**

### Property Damage Check List:

To assist DWSD in expediting the investigation of your claim, please provide the item(s) indicated or legible copies of the following item(s)

- |   |   |
|---|---|
| <input type="checkbox"/> Declaration Page of the Homeowner's Insurance Policy (showing your deductible) | <input type="checkbox"/> Receipts for damaged items/repairs made  |
| <input type="checkbox"/> Clear Pictures of property damages (original photos)                           | <input type="checkbox"/> Itemized list of damages                 |
| <input type="checkbox"/> Two (2) estimates for repairs needed   | <input type="checkbox"/> Proof of submission to insurance company |
| <input type="checkbox"/> Claim amount   | <input type="checkbox"/> (payment/denial correspondence)          |